PTO/SB/22 (08-03)

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	collection of Information unless it displays a valid OMB control numb

PÉTHING	NET OF	EXTENSION OF TH	1.136(a)	Docket Number (Optional) 121947.0011.000			
In re Application of VanBilderbeek, B.H.							
			Application Number 1	0/751,244 F	iled December 31, 2003		
			For EXTERNALLY ACTIVATED SEAL SYSTEM FOR WELLHEAD				
			Art Unit 3672	Examiner Stephe	enson, D.		
identified	applica				filing a reply in the above		
The reque	.s.cu c.		-	io do tollono (orio	\$120.00		
		Two months (37 CFR			\$		
		Three months (37 CFF			\$		
		Four months (37 CFR			\$		
		Five months (37 CFR			\$		
⋈	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown						
⊠	above is reduced by one-half, and the resulting fee is: \$ 60.00 . A check in the amount of the fee is enclosed.						
	Payment by credit card. Form PTO-2038 is attached.						
	The Director has already been authorized to charge fees in this application to a Deposit Account.						
⊠ Iam	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 10-0096. I have enclosed a duplicate copy of this sheet. mthe applicant/inventor.						
			of the entire interest.	See 37 CFR 3.71			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
attorney or agent under 37 CFR 1.34(a).							
		Registration number	r if acting under 37 CFR 1.34	(a)			
WAR inclu	NING: ded on	Information on this for this form. Provide cre	m may become public edit card information :	c. Credit card in and authorization	formation should not be no prof 0-2038.		
Date Signature							
		713-752-4578			Mark A. Tidwell		
Telephone Number Typed or printed name							

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 3 forms are submitted.

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This collection of Information is required by 37 CFR 1,135(a). The Information is required to obtain retains a seventity type paties—which is tell read by the SSFTOL to State of the SSFTOL to SSFTOL

If you need essistence in completing the form, call 1-800-PTO-9199 and select option 2.